

DEPRESSION AFTER STROKE

Research study results and practical suggestions

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Outline

- Definition
- Diagnosis
- Associations
- Prevention
- Treatment
- Outcomes



From a person with stroke

- Emphasises the terror of being completely paralysed, unable to talk, swallow etc
- In hospital huge emphasis on physical rehab
- Not understanding of need to grieve
- When offered antidepressant she felt it was to mask her feelings

Post stroke neuropsychiatric outcomes

- Depression
- Anxiety
- Fatigue
- Apathy
- Each occur in about 30% of people with considerable overlap

Definition of depression – DSM-5

- Depressed mood or anhedonia for 2 weeks or longer + at least 4 (persistent & interfering with QOL) of:
 - Substantial weight loss or gain
 - Insomnia or hypersomnia
 - Psychomotor agitation or retardation
 - Fatigue or loss of energy
 - Worthlessness or inappropriate guilt
 - Decreased concentration or indecisiveness

Diagnosis of post stroke depression

- Validated screening tools:
- Centre of epidemiological studies depression scale (CESD)
- 9 item patient health questionnaire (PHQ-9)
- Hamilton depression rating scale (HDR) - long
- Better at excluding depression than diagnosing it
- Must be followed up by clinical assessment

Diagnosis of post stroke depression

- Screening tools for aphasic patients:
- Stroke aphasic depression questionnaire
- Depression intensity scale circles

Chronic and relapsing disorder

- 29-33% of stroke survivors have depression up to 1 year after a stroke
- Of people with depression at first assessment, 13-52% still have it at 1 year
- Of those without depression at initial assessment, 15% will develop it by 1 year
- At 5 years 23% (95% CI 14-31%) have depression

Risk factors and associations

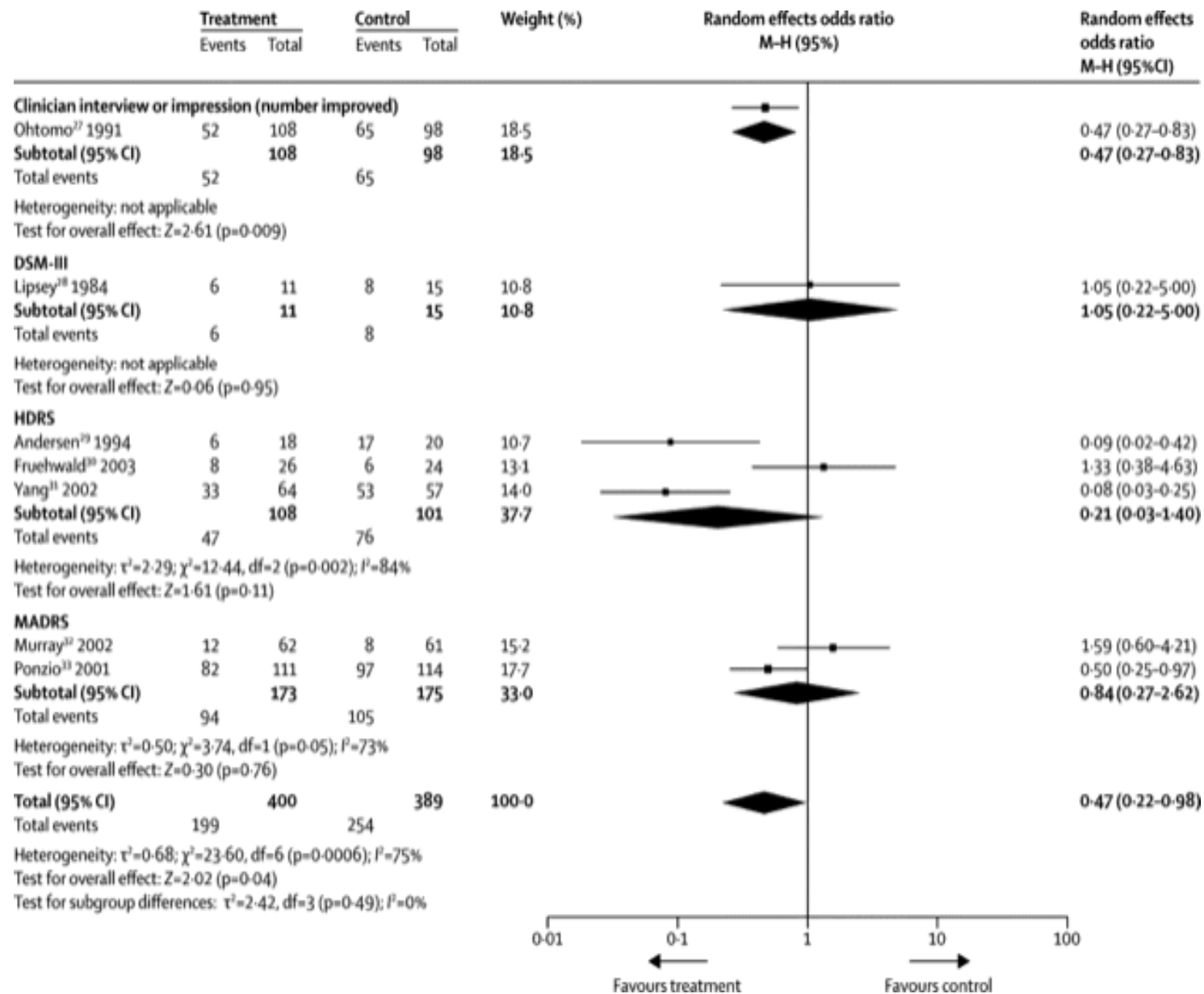
- Consistent associations:
- Physical disability in the acute phase and later
- More severe neurological deficit
- Cognitive impairment
- Depression pre-stroke

Prevention

- Cochrane 2008 – weak evidence for psychological interventions in prevention of depression post stroke. Included:
- Problem solving therapy (2 trials)
- Motivational interviewing
- 'Home based therapy'
- No evidence for pharmacological interventions

Treatment

- Cochrane review 2008: antidepressant drugs minimally effective for treating post stroke depression
- No differences in efficacy between different types of drugs
- Increased side effects – gastrointestinal, CNS – confusion, sedation, tremor
- No evidence for psychological treatments alone



Effect on outcomes

- Consistently associated with worse functional outcomes from 6 weeks to 5 years post stroke
- Increased mortality
- Poor life satisfaction or quality of life
- Less efficient use of rehab services
- Need for institutional care

What can you do tomorrow?

- Be aware of potential for depression weeks, months, years post stroke
- Consider screening especially in busy work environments (but have to follow up with clinical assessment)
- Consider psychological interventions for prevention

Questions?



Montreal October 2018 (World Stroke Congress)